



Navy Expeditionary Combat Command embedded Mental Health Program (eMHP)

IdeaFest: Hampton Roads Innovation Case Study

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THIS BRIEF IS ~~FOUO~~ CLASSIFIED:
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The Problem

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- 21st Century Sailor & Marine Initiative makes clear the importance of maximizing personal readiness in order to maintain the resiliency for the force & to hone the most combat effective force in the history of the Department of the Navy
- But current OPTEMPO and reductions in force structure lead to increased psychological stresses & wear-and-tear on Service Members (SM) and their families
- This has the potential to degrade psychological resilience, readiness & fitness (one of the eight Total Force Fitness domains)
- Those who are under the most stress are least likely to seek help from any source
- Efforts to reduce suicides and mitigate combat and operational stress are hampered by the stigma of admitting mental health problems & seeking mental health services



Asking the Question

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- RAND report* identified five challenges to resilience programs:
 - Lack of leadership support
 - Logistical obstacles
 - Limited funding for sustainment
 - Poor fit with military culture
 - Mental health stigma
- Promoting Psychological Resilience in the U.S. Military, 2011. ISBN: 978-0-8330-5063-2 2011
- ***How can we overcome these challenges & maximize psychological resilience, readiness & fitness?***



Challenging the Status Quo



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- Low probability of success in the short run trying to “fix” the barriers to accessing current mental health services
- Can we build something new to reach those who would not use current services?
 - Yes: eMHP EOD pilot effort commenced July 2010 embedding contract civilian providers
 - Yes: Expanded to NCG in May 2012
 - Both fully staffed with CIVPERS by Feb 2013
 - Yes: Green light to expand with MILPERS in FY15 to the rest of NECC Forces



Measuring Success

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- Pilot Program in EOD: If we build it, will they come?
 - Yes: eMHP EOD pilot effort commenced July 2010 & in 3 months providers had full counseling caseloads
 - Are we reaching Sailors who would not self-refer to non-embedded mental health providers?
 - Yes: 63%* of Sailors self-referring to eMHP for counseling have never self-referred to counseling before [not to MTF, FFSC, Military One Source, in town, etc.]
- * EOD: 280 SMs out of 414 have never self referred = 68%
NCG: 152 SMs out of 289 have never self referred = 53%



Measuring Success

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- **Are we reaching SM who need us?**
 - **Yes:** 53% display full PTSD
 - **Yes:** 70+% with significant post traumatic stress symptoms
- **Surprises:**
 - About 15% (737) of 5073 SM take advantage of the 15 minute checkup to talk with the provider for 45 minutes or more about worries & stresses that have accumulated over the past 12 years
 - Within the first year, some Seabee COs wanted to take eMHP providers with them when they deploy

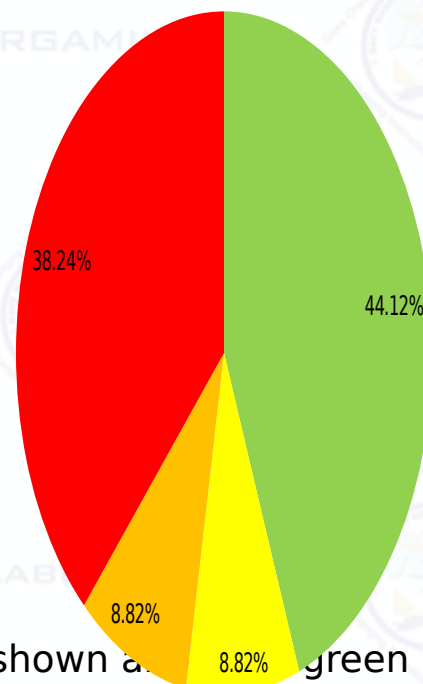
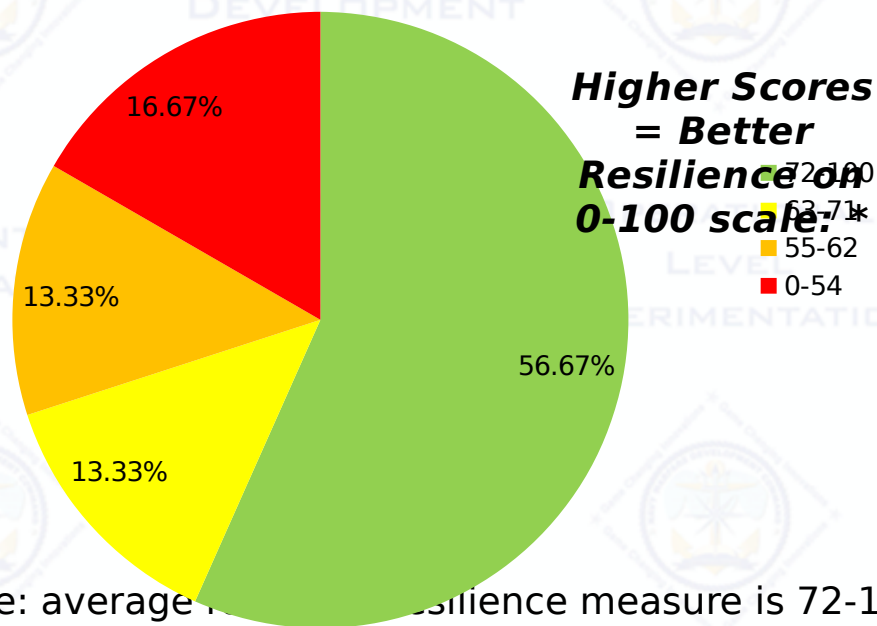


Are we reaching Sailors who need professional help?

Yes: many self-referring for counseling admit degraded resilience & needing help bouncing back

57% of 150 Service Members in EOD Show "Green" Resilience @ Start of Counseling

44% of 34 AD Service Members in NCF Show "Green" Resilience @ Start of Counseling



*Note: average resilience measure is 72-100 => shown as green
Sample Question "I tend to bounce back after illness or hardship" is rated 0 to 4 as follows:

— not true at all (0) — rarely true (1) — sometimes true (2) — often true (3) — true nearly all of the time (4) over the past month



Measuring Success

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- Are Service Members benefitting from services?
 - Yes: Sailors in counseling report value of the program in as few as 3 sessions
 - Yes: 99% would recommend the program to a friend in need
- Is the program worth the investment?
 - Yes: External recognition validates cost taken out of hide
 - As a best practice by Task Force Resilient Final Report April 2013 commissioned by the VCNO to explore factors impacting the resilience of our navy and to make recommendations to improve organization, training, resources and metrics. Lead: RDML W.E. Carter said that eMHP is the cornerstone of NECC's resilience initiatives
 - As one of three out of 167 Psychological Health Programs given priority for Program Evaluation by Defense Center of Excellence (DCoE)
 - An Executive Order requires DOD to validate the efficacy of all of its programs related to psychological health. The Assistant Secretary of Defense (ASD) Health Affairs (HA) directed a Psychological Health Effectiveness Initiative within the DCoE Division for Program Evaluation to identify redundancies & eliminate gaps in Psychological Health Programs. There were 167 programs reviewed by PHE Initiative's scientific panel. The eMHP was one of three selected to begin their Program Evaluation phase which is planned over the next five years.



Keys to Success

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- NECC took it out-of-hide to build the eMHP: 10 CIVPERS Mental Health Providers have a combined total of 40 years of graduate education and 194 years of experience.
- Provide briefs, advisement to Leadership [especially related to their COSC & COSFA responsibilities] & consultation with organic Medical Providers
- Direct services to Sailors include counseling **plus** check-ups and prevention such as building psychological resilience
- Leadership often signs up first for checkups
- Word of mouth: "Bubba told me it was helping him"
 - And then when Service Members who have told their peers they are in counseling get promotions



Case Study Contacts

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NECC Force Surgeon*

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Deputy Force Surgeon*

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Backup Slides

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Psychological fitness (readiness) is defined as the integration and optimization of mental, emotional, and behavioral abilities and capacities to optimize performance and strengthen the resilience of warfighters. The service members' resilience (ability to withstand, recover, grow, and adapt under these challenging circumstances) is vital to force protection. In addition, without such resilience, service members' performance (ability to successfully complete tasks) suffers and their fitness and readiness for deployment is adversely affected. CJCS 3405.01 01SEP2011

Backup Slides

A picture is worth a thousand buzzwords. Hard sciences aren't hard because they use better scientific method: astronomy can't even do experiments. But hard sciences use more graphs and don't quickly change terminology to what's fashionable. ~ HDK, Force Psychologist

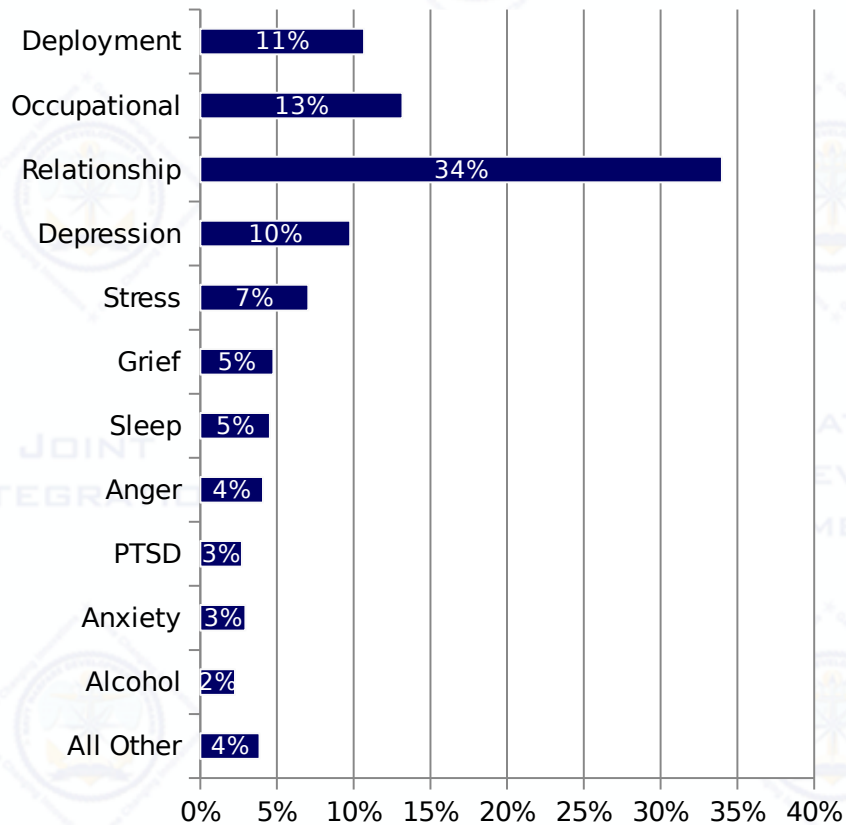
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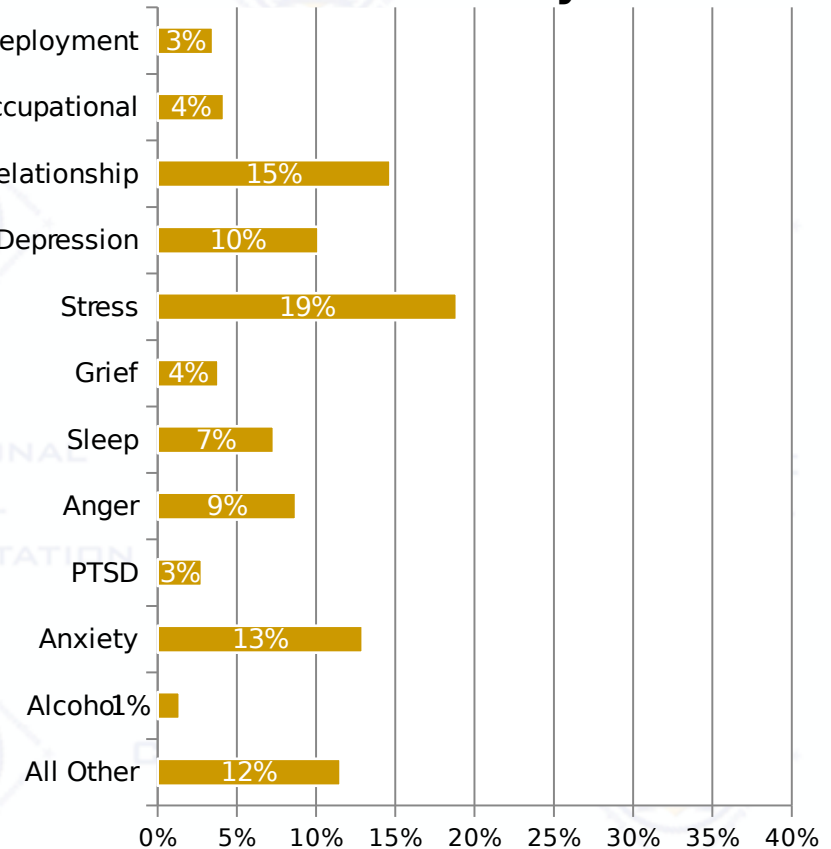




440 Service Members from EOD since July 2010



286 Service Members from NCG since May 2012

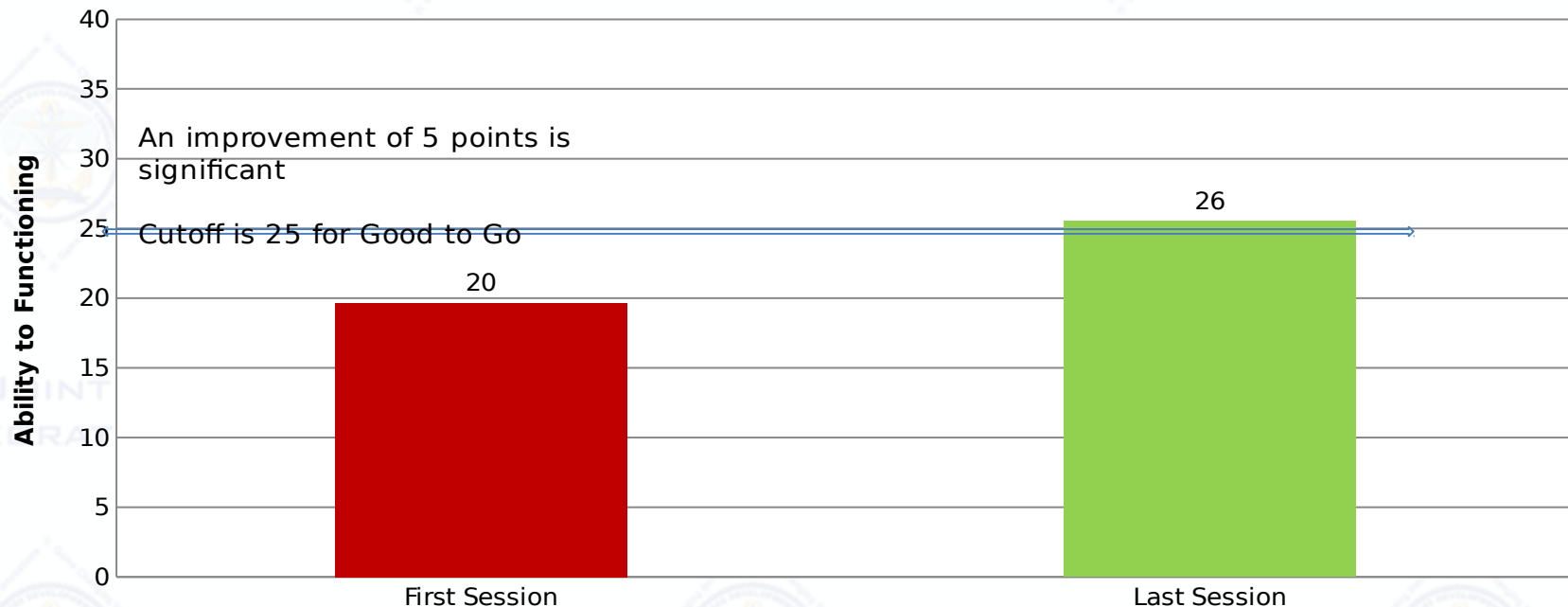


Regardless of specific need, eMHP counseling can help



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(U) Regardless of reason to seek counseling, daily functioning gets to Green in 235 Service Members *



*0-40 sum of how well SM has been doing in past week in 4 commonly assessed areas of life: Overall (general sense of well-being vs. distress) Individually (personal well-being), Interpersonally (family, close relationships), & Socially (work, school, friendships); NOTE civilians population averages 19.6 before and 25.7 after counseling & this parallel gain in eMHP despite about 28% of SM admitting even lower functioning within 4 weeks of First Session

Regardless of specific need, eMHP counseling can help



TRAINING
INTEGRATION

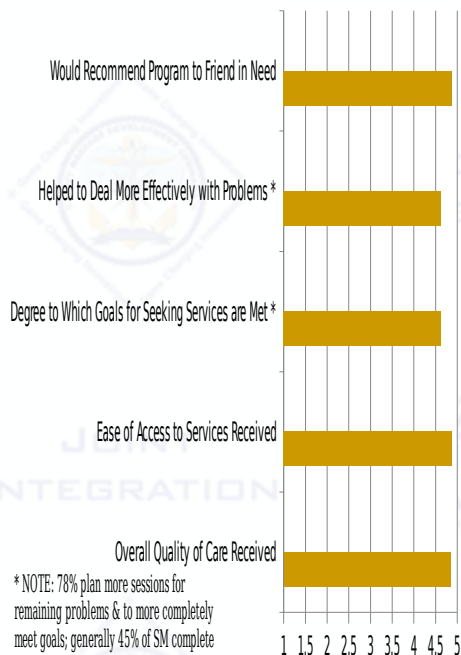
ANALYSIS



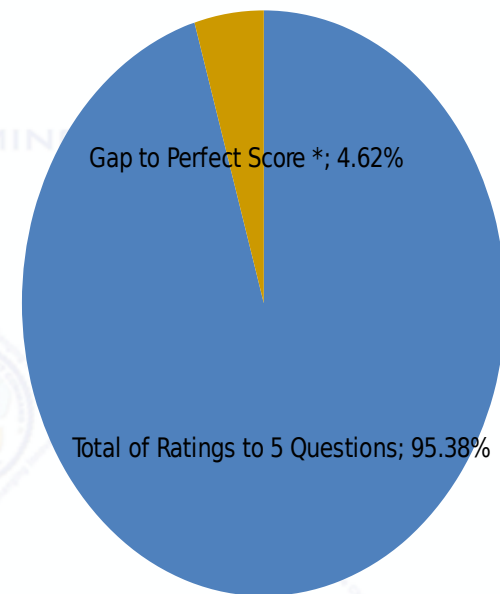
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Anonymous responses of 187 Service Members to 5 questions show quality & benefits of counseling

Total Score for 5 Questions



* NOTE: 78% plan more sessions for remaining problems & to more completely meet goals; generally 45% of SM complete these surveys



Bars above show average answer to each question on 1-5 Scale => higher is better

"My counselor has helped improve every aspect of my life."

"I'm glad I found such great help!"

"The eMHP here has been a tremendous help so far. The staff and doctors are very caring and compassionate people"

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Navy Warfare Development Command
"Forward . . . For the Fleet"





Other Keys to Success



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Reducing barriers to access:

- Embedded in workspace & learning the local culture (EOD vs. Seabees vs. Combat Camera) via FTX, etc.
- Attending checkup appointments is required for all deployers, but SM are NOT required to answer questions
- Checkups create foot traffic in and out of office so those coming for counseling are not obvious
- Everyone spending 15 minutes with a mental health provider reduces stigma
- Counseling records are a separate analog file & AHLTA is involved only when a higher level care is needed
- If needs can be met by outpatient counseling once per week, then admitting symptoms of a diagnosis does not trigger referral to higher level of care



- An 80% Solution: by design, the NECC eMHP has overcome all of the 5 barriers to accessing psychological services identified in the 2011 RAND monograph *except* logistical obstacles of
 - “teaching cognitive skills during pre-deployment when service members are already undergoing rigorous training over very long days and are cognitively depleted... [This will also] make it difficult to find time to practice new skills daily, as recommended.” [p. xvii]
 - Steps:
 - 1) Develop data-driven model that predicts decreases in psychological readiness of personnel
 - 2) Develop & deploy briefs & 1-on-1 coaching for those needing prevention
 - 3) Integrate predictive & proactive maintenance of psychological readiness into Service Members’ schedule
- Figure out how to be just as successful with the Reserve Component despite the challenge of access only during the brief time they are training or mobilized



Emotion Vitality Assistant



Smartphone
App
**Navy Center for
Innovation**
IdeaFest 2013
Hampton Roads, VA

EVA

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Problem: Military Suicide



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(yes, but not the only problem)

- Ineffective mental health checkups
- Gaps in mental health coverage
- Lack of mental health record continuity
- Negative stigma related to mental health
- Nowhere to safely express deep secondary emotions

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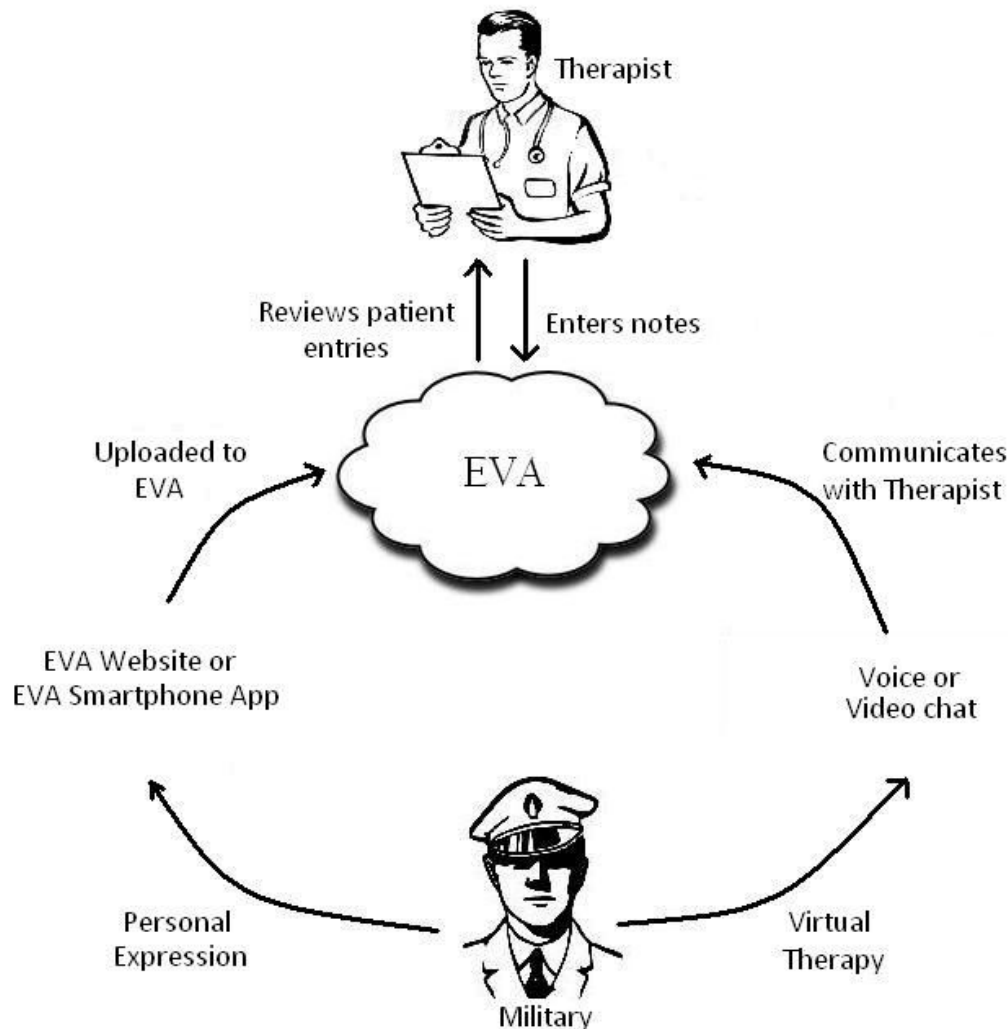


Solution Smartphone App



ACTIVE
COLLECTION

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LEARNED





Smartphone App



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- Extends face-to-face mental health to the virtual space.
- A safe, confidential place for 24/7 emotional expression.
- Counselors gain better understanding of patients.
- Safety planning for bouts of depression or suicidal ideation
- Live chatting with suicide prevention specialists
- GPS locator for SAMHSA treatment facilities
- Instant connectivity to the National Suicide Prevention Lifeline via 1-800-273-TALK (8255)

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My evolution to innovation

Non-inquisitive

Inquisitive

Non-doer

Believer

Thinker

Doer

Robot

Innovator

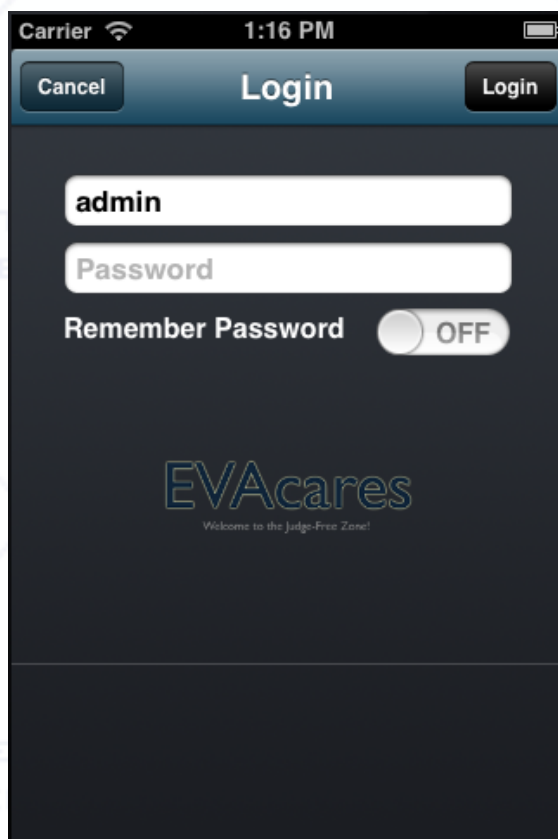
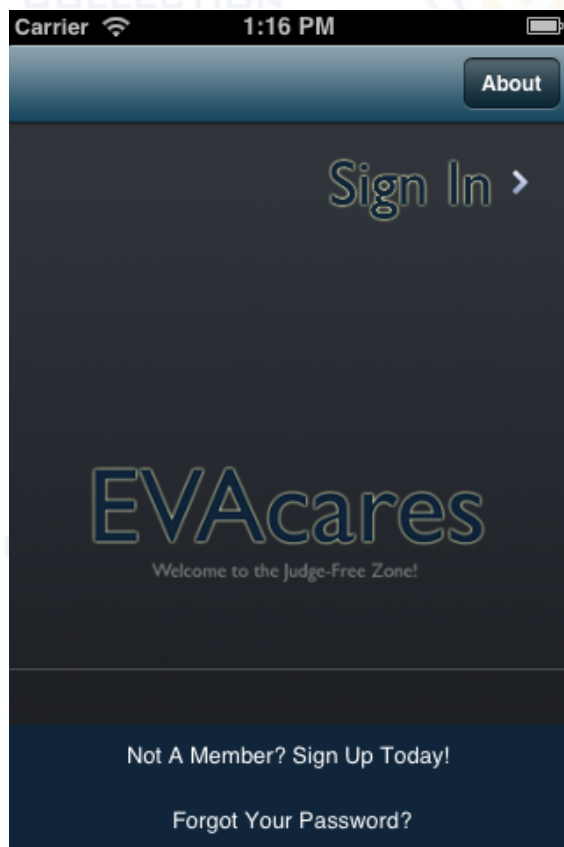
EVA



EVA Screenshots



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EVA

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Components of successful grassroots-based, bottom-up, disruptive innovations

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- **Empathy:** EVA's concept was based on first-hand experience. Empathy allows for total immersion into the problem-space.
- **Passion:** With no funding, official Navy support, or promise of success, passion fueled several hundreds of hours researching and designing EVA.
- **Networking:** An idea cannot succeed without people to support and implement it. EVA's concept was presented at an international conference, pitched to dozens of people, and emailed to hundreds more.

EVA



My Steps to Success

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1. Be passionate about solving the problem
2. Strive to understand the problem *fully*
3. Empathize a solution
4. Rapidly test multiple solution prototypes
5. Isolate your best “solution”, continue to fine tune
6. Survey your peers for feedback of your solution.
7. Push your solution and supporting survey data to every SME / PhD / anyone who will listen; their support will help give your concept validation

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What to Expect

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- Very few will immediately recognize your brilliance or hard work
- Experts may ignore or ridicule your idea
- Pushback from people you least expected
- Frustration, moments of self-doubt
- Periods of slow or no progress

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Untapped Potential

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“Deckplate innovation originates within the problem-space and is absolutely priceless; until leadership recognizes its value, sailors will continue to represent an immense reservoir of untapped potential.”

- LT Darryl “D” Diptee, USN

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